

PART B - FEE(S) TRANSMITTAL



Complete and send this form, together with applicable fee(s), to: Mail

MAR 1 4 2005

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (703) 746-4000



INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All of the correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated angless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

022832

APPLICATION NO.

09/937.687

7590

12/16/2004

KIRKPATRICK & LOCKHART LLP 75 STATE STREET BOSTON, MA 02109-1808

03/16/2005 SSESHE2 00000003 09937687

01 FC:2501

700.00 OP

FILING DATE

01/08/2002

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

	Debra M. I	oherty_	(Depositor's name)	
	1 Jeh/	m Dalis	(Signature)	
	March 1	10, 2005	(Date)	
FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
Ci-b D1 M OII	Insta	9920.9	5000	

TITLE OF INVENTION: ANALOGS OF GASTRIC INHIBITORY POLYPEPTIDE AND THEIR USE FOR TREATMENT OF DIABETES

APPLN. TYPE	SMALL ENTITY	ISSUE FEI	3	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$700		\$0	\$700	03/16/2005	
EXAMINER		ART UNIT		CLASS-SUBCLASS	,	•	
RUSSEL, JEFFREY E		1654		514-012000			
CFR 1.363). Change of corresponded Address form PTO/SB/1 "Fee Address" indication PTO/SB/47; Rev 03-02 Number is required.	dence address or indication of "For dence address (or Change of 22) attached. tion (or "Fee Address" Indica or more recent) attached. Use	Correspondence	(1) the na or agents (2) the na registered 2 register listed, no	nting on the patent front page, li ames of up to 3 registered pater OR, alternatively, ame of a single firm (having as a l attorney or agent) and the name ed patent attorneys or agents. If name will be printed.	nt attorneys 1 <u>Kirkp</u> Nic	oatrick & Lockhar cholson Graham LL	
	O RESIDENCE DATA TO B s an assignee is identified be			- •• •	ee is identified below, the	document has been filed for	
recordation as set forth i	n 37 CFR 3.11. Completion	of this form is NOT	a substitute	pear on the patent. If an assign for filing an assignment.	· · · · · · · · · · · · · · · · · · ·		
(A) NAME OF ASSIGN UUTECH LI				CE:(CITY and STATE OR COI caine, Northern		ited Kingdom	
Please check the appropriate	e assignee category or catego	ries (will not be prin	ted on the	patent): 🗖 Individual 🔏 Co	orporation or other private gr	oup entity Government	
4a. The following fee(s) are	enclosed:	_	Payment of	` '			
Issue Fee A check in the amount of the fee(s) is enclosed.							
`	small entity discount permitte	_	_ ′	t by credit card. Form PTO-2038		-	
☐ Advance Order - # o	Advance Order - # of Copies The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-1721 (enclose an extra copy of this form).						
a. Applicant claims S	s (from status indicated above	37 CFR 1.27.	• •	cant is no longer claiming SMA			
NOTE: The Issue Fee and Finterest as shown by the rec	Publication Fee (if required) vords of the United States Page	vill not be accepted int and Trademark O	from anyon office.	ny) or to re-apply any previousle other than the applicant; a regi	stered attorney or agent; or t	he assignee or other party in	
Authorized Signature	(flyl)	180		Date	March 10, 200 No. 42,890	25 .	
Typed or printed name _	Joyce C. He	FIRU		_ Registration	No. 42,890		

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

***ORNEY'S DOCKET NO.: U0003/7002 (formerly 8830-8)

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

blication of:

O'Harte et al.

Examiner:

Jeffrey E. Russel

Serial No.:

09/937,687

Group Art Unit:

1654

Filed:

Conf. No.:

5098

Title:

ANALOGS OF GASTRIC INHIBITORY POLYPEPTIDE AND THEIR USE January 8, 2002

FOR TREATMENT OF DIABETES

CERTIFICATE OF MAILING UNDER 37 C.F.R. § 1.8(a)

I hereby certify that this correspondence (and any paper or fee referred to as being enclosed) is being deposited with the United States Post Office as First Class Mail on the date indicated in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

DERRA M. DOHGET

Typed or Printed Name of Person Signing Certificate

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

TRANSMITTAL

Sir:

Transmitted herewith are the following documents.

- Issue Fee Transmittal 1.
- Check for \$700 2.
- Return postcard 3.

If the enclosed papers are considered incomplete, the Mail Room or other persons are respectfully requested to contact the undersigned collect at (617) 261-3100.

If any additional fees are deemed due, please charge them to Deposit Account No. 50-1721, Reference No. U0003/7002. A duplicate of this letter is enclosed for accounting

purposes.

Respectfully submitted

Joyce C. Hersh

Reg No 42,890

KIRKPATRICK & LOCKHART NICHOLSON GRAHAM LLP

75 State Street

Boston, MA 02109-1808

Tel: 617-261-3100 Fax: 617-261-3175

Date: March 10, 2005